

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SL		10-19-01
O.I.P.E. CLASSIFIER		49	11/2/01
FORMALITY REVIEW	Mar	1145	11/20/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
00	11/27	51		101	
01	02	52		102	
02	02	53		103	
03		54		104	
04		55		105	
05		56		106	
06		57		107	
07		58		108	
08		59		109	
09		60		110	
10		61		111	
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37		88		138	
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39		90		140	
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42		93		143	
43		94		144	
44		95		145	
45		96		146	
46		97		147	
47		98		148	
48		99		149	
49		100		150	
50					

If more than 150 claims or 10 actions  
staple additional sheet here

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